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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/463,374 04/16/2003

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 06/23/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 0	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>Z.F.</i>	Initials		

ADDRESS

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TITLE

Methods of treating dry eye disorders

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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